

UNITED STATES DISTRICT COURT  
DISTRICT OF NEW JERSEY

UNITED STATES OF AMERICA : MAGISTRATE NO. 08-MJ-406603  
V. : RECOGNIZANCE NO. NEW 1636  
REY ARMANDO APONTE, : ORDER FOR RETURN OF  
Defendant : DEPOSIT OF BAIL

It appearing that the above-captioned defendant was held in bail by the United States District Court for the District of New Jersey for appearance before this Court and that the sum of Five Thousand Dollars (\$5,000.00) was deposited into the Registry of this Court as security for the said recognizance, and

It further appearing that the purposes of said recognizance have been fulfilled and the said recognizance has been duly canceled of record; and

It further appearing that Guarina Spau-Aponte, being one of the name Sureties and the signer of the Affidavit By Owner of the Cash Owner dated June 2, 2008, is deceased as evidenced by the attached Certificate of Death dated March 16, 2009;

IT IS ON THIS 27<sup>th</sup> day of July, 2010,

ORDERED THAT the sum of FIVE THOUSAND DOLLARS (\$5,000.00) be paid to the Estate of Guarina Spau-Aponte and mailed to Rafael A. Aponte, 234 52<sup>nd</sup> Street, Apt. B4, West New York, NJ 07093.

  
GARRETT E. BROWN, JR., CHIEF JUDGE  
UNITED STATES DISTRICT COURT

## NEW JERSEY DEPARTMENT OF HEALTH AND SENIOR SERVICES

B0003655963

STATE FILE NUMBER

20090038788

## CERTIFICATE OF DEATH

Time of Death (24-hr)  
0613Date of Death  
03/13/2009Name of Decedent as Officially Registered  
Aponte, Guadalupe

IME No.:

Record  
Contains  
Amendment  
☐

1a. Legal Name of Decedent (First, Middle, Last, Suffix) <b>GUARINA SPRAU - APONTE</b>		LIMB ONLY <input type="checkbox"/>
1b. Also Known As (AKA), If Any (First, Middle, Last, Suffix)		
2. Sex Female	3. Social Security No. 148-84-4756	4a. Age 57 Years
5. Date of Birth (Mo/Day/Yr) 08/13/1951		
6. Birthplace (City & State/Foreign Country) San Pedro Macoris, Dominican Republic		
7a. Residence-State NJ	7b. County Hudson	7c. Municipality/City West New York
7d. Street and Number 234 52nd Street	7e. Apt No. b-4	7f. Zip Code 07093
7g. Inside City Limits? Yes		
8a. Ever in US Armed Forces? No		
8b. If Yes, Name of War:		
8c. War Service Dates (From/To):		
9. Domestic Status at Time of Death Married		10. Name of Surviving Spouse/Partner (Name given at birth or on birth certificate) RAFAEL A APONTE
11. Father's Name (First, Middle, Last) EUSEO FELIX		
12. Mother's Name Prior to First Marriage (First, Middle, Last) ANA R SPRAU		
13a. Name of Informant RAFAEL A APONTE		13b. Relationship to Decedent Spouse
13c. Mailing Address (Street and Number, City, State, Zip Code) 234 52ND STREET, WEST NEW YORK, NJ 07093		
14. Method of Disposition Removal from State		15. Place of Disposition (name of cemetery, crematory, other) CEMENTERIO INGENIO SANTA FE
16. Location- City & State/Foreign Country SAN PEDRO DE MACORIS, DR		
17. Name and Complete Address of Funeral Facility Jorge Rivera Funeral Home, 4543 Kennedy Boulevard, North Bergen, NJ 07047-2739		
18. Electronic Signature of Funeral Director Sandra Elizabeth Soto		19. NJ License Number 23JP00471900
20. Decedent Education Bachelor's degree (BA, AB, BS)		21. Decedent of Hispanic Origin? Other Hispanic: Dominican
22. Decedent Race White		23. Occupation of Decedent (Type of work done most of life, even if retired) Teacher
24. Kind of Business/Industry Education		25. Name and Address of Last Employer West New York Board of Education, West New York, NJ 07093
<div style="display: flex; justify-content: space-between;"> <div> <p>ITEMS 26-30 MUST BE COMPLETED BY PERSON WHO PRONOUNCES OR CERTIFIES DEATH</p> <p>26. Signature of Person Pronouncing Death (If other than Certifier) <i>[Signature]</i></p> <p>27. Date Pronounced Dead (Mo/Day/Yr) 3/13/09</p> <p>28. Time Pronounced Dead 6:13 AM <input checked="" type="checkbox"/> PM <input type="checkbox"/></p> <p>29. License Number 26N012413-PM</p> <p>30. Date Signed (Mo/Day/Yr) 3/13/09</p> </div> <div> <p>31. Date of Death (Mo/Day/Yr) 3/13/09</p> <p>32. Time of Death 6:13 AM <input checked="" type="checkbox"/> PM <input type="checkbox"/></p> <p>33. Was Medical Examiner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> </div> </div>		
<p>34. PLACE OF DEATH (Check only one)</p> <p>If Death Occurred in a Hospital:  <input checked="" type="checkbox"/> Emergency Room  <input type="checkbox"/> Outpatient  <input type="checkbox"/> Intensive Care Unit  <input type="checkbox"/> Other (Specify):</p> <p>If Death Occurred Somewhere Other Than a Hospital:  <input type="checkbox"/> Residence  <input type="checkbox"/> Nursing Home/Long Term Care Facility  <input type="checkbox"/> Other (Specify):</p>		
<p>35. Facility Name, of not known, give street and number St. Joseph's Health Care Ctr</p> <p>36. City Bergen</p> <p>37. County Bergen</p>		
<p>38. CAUSE OF DEATH</p> <p>IMMEDIATE CAUSE - final disease or condition resulting in death. Subsequently list condition if any, leading to the cause listed on Line a. State the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST.</p> <p>a. <b>ADVANCED GASTROENTERIC WITH LUNG METS</b></p> <p>b. Due to (or as a consequence of) d.</p> <p>c. Due to (or as a consequence of) b.</p> <p>d. Due to (or as a consequence of) c.</p>		
<p>39. PART II - Enter other significant conditions contributing to death but not resulting in underlying cause given in PART I.</p> <p>40. Date of Injury (Mo/Day/Yr)</p> <p>41. Time of Injury <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM</p> <p>42. Place of Injury (e.g., home, construction site, restaurant)</p> <p>43. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		
<p>44. Describe how injury occurred</p> <p>45. If Transportation Injury:  <input type="checkbox"/> Driver/Operator  <input type="checkbox"/> Passenger  <input type="checkbox"/> Other (Specify):</p> <p>46. If Female:  <input type="checkbox"/> Not pregnant within past year  <input type="checkbox"/> Pregnant at time of death  <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death  <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death  <input type="checkbox"/> Unknown if pregnant within past year</p>		
<p>47. Did Decedent Have Diabetes? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>48. Did Tobacco Use Contribute to Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>49. If Female:  <input type="checkbox"/> Not pregnant within past year  <input type="checkbox"/> Pregnant at time of death  <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death  <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death  <input type="checkbox"/> Unknown if pregnant within past year</p>		
<p>50. Certifier (Check only one)  <input checked="" type="checkbox"/> Physician  <input type="checkbox"/> Physician's Assistant  <input type="checkbox"/> Nurse  <input type="checkbox"/> Other (Specify):</p> <p>51. Signature of Certifier <i>[Signature]</i></p> <p>52. License Number M07324</p> <p>53. Date Certified (Mo/Day/Yr) 3/13/09</p>		
<p>54. Electronic Signature of Local Registrar Sandra Ramirez</p> <p>55. District No. V0940</p> <p>56. Date Received 03/16/2009</p> <p>57. Case ID Number 1244261</p>		

DATE ISSUED: March 16, 2009

ISSUED BY:

North Bergen Township

Sandra Ramirez

This is to certify that the above is correctly copied from a record on file in my office.

Certified copy not valid unless the raised Great Seal of the State of New Jersey or the seal of the issuing municipality or county, is affixed hereon.

Joseph A. Komosinski  
Joseph A. Komosinski, State Registrar  
Bureau of Vital StatisticsREG-42B  
JULY 04

THIS DOCUMENT HAS MULTIPLE SECURITY FEATURES TO DETER FRAUD; VOID IF ALTERED